

NAME OF EMPLOYEE:	CHECK ONE: <input type="checkbox"/> PROFESSIONAL INTERN <input type="checkbox"/> ENG. TECHNICIAN <input type="checkbox"/> OTHER	OCCUPATIONAL SPECIALTY: _____ CIVIL SVC. CODE: _____ NASA CLSFCTN CODE: _____	HUMAN RESOURCES DEVELOPMENT PROGRAMS INDIVIDUAL DEVELOPMENT PLAN (IDP)
ENTRY LEVEL: _____ TARGET LEVEL: _____	DATE ENTERED PROGRAM:	EFFECTIVE DATE OF GRADE:	
PHASE _____ OF _____ PHASES	PERIOD COVERED (Maximum):		PAGE _____ OF _____ PAGES

WORK ASSIGNMENT	KNOWLEDGE & PERFORMANCE OBJECTIVES	PERSON/ ORGANIZATION RESPONSIBLE	LENGTH OF ASSIGNMENT	SUPPLEMENTARY COURSES READING/REPORTS	DATE COMPLETED

NOTE: Supplementary courses are optional courses and may later be canceled or other courses substituted by the supervisor depending upon need, availability of courses, availability of travel and training funds, etc.

ADVISORY COMMITTEE:

In the best judgment of the committee this IDP meets the goals of MM 3000.1. This IDP does not constitute an agreement between the parties, but establishes goals and milestones for the development of the employee. The IDP may be revised when it is clearly in the interest of MSFC because of the manpower or mission changes or changes in the employee's goals.

SIGNATURE OF CHAIRPERSON:	SIGNATURE OF PERSONNEL SPECIALIST:	SIGNATURE OF COUNSELOR:
---------------------------	------------------------------------	-------------------------